

AUTO CR - LOG SUMMARY #1053056

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that while in processing the subject started to become irate, started kicking the door and yelling. The Involved Officers transported the subject from the processing room to the lockup where offender refused to enter the holding cell. The Involved Officers attempted to get him to enter but the subject refused. Subject refused to follow all verbal commands given to him. Subject then struck P.O. G. Altman #18296 to the head with his fist. Offender was then Tasered.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	RYAN, JOHN C		54501	007 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
03-APR-2012 03:57 - 03-APR-2012 03:57	1438 W 63RD ST, CHICAGO, IL 60636	0713	007	280 - POLICE FACILITY/VEH PARKING LOT	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	MOORE, JEFFERY L		54976	007 /	POLICE OFFICER	M	BLK		
CPD Employee	Involved Member	ALTMAN, GEORGE R		39851	007 /	POLICE OFFICER	M	WHI		
NON-CPD	Victim/Subject						M	BLK		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	30-APR-2012 08:42	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	30-APR-2012 08:41	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	04-APR-2012 10:39	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	04-APR-2012 10:33	JOHNSON, NICOLE	INTAKE AIDE	113 /	
PRELIMINARY	04-APR-2012 10:32	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	04-APR-2012 09:51	JOHNSON, NICOLE	INTAKE AIDE	113 /	
PRELIMINARY	03-APR-2012 07:26	JOHNSON, NICOLE	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					JOHNSON, NICOLE	03-APR-2012 07:26			
	DOCUMENTS - INTAKE INCIDENT		2		N	JOHNSON, NICOLE	04-APR-2012 09:45	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Moore, J #6312	N	JOHNSON, NICOLE	04-APR-2012 09:43	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Serial #X00-570647	N	JOHNSON, NICOLE	04-APR-2012 09:32	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Altman, G #18296	N	JOHNSON, NICOLE	04-APR-2012 09:44	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 03-APR-2012) - LOG #1053056

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	RYAN, JOHN C			007 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
03-APR-2012 03:57 - 03-APR-2012 03:57	1438 W 63RD ST, CHICAGO, IL 60636	0713	007	280 - POLICE FACILITY/VEH PARKING LOT	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	03-APR-2012 19:26	JOHNSON, NICOLE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	30-APR-2012 08:42	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	30-APR-2012 08:41	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	04-APR-2012 10:39	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	04-APR-2012 10:33	JOHNSON, NICOLE	INTAKE AIDE	113 /	
PRELIMINARY	04-APR-2012 10:32	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	04-APR-2012 09:51	JOHNSON, NICOLE	INTAKE AIDE	113 /	
PRELIMINARY	03-APR-2012 07:26	JOHNSON, NICOLE	INTAKE AIDE	113 /	



TASER Information

Serial # X00-570647
Model # X26
X26 Software Version 22
Dataport CD Version 17.9
Record Date Range 04/03/2012 - 04/03/2012
Computer Time Zone Central Standard Time
*DST
Using Daylight Savings Time Yes

Downloaded By

Name Brent Fidler
Dept CPD
Rank Lieutenant
Windows Version Windows XP
Report Generated 04/03/12 18:18:36
(local)

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0012	04/03/12 20:57:06	04/03/12 15:57:06	5	29	98
0013	04/03/12 20:57:18	04/03/12 15:57:18	5	30	97

Recorded X26 Time Changes

Seq	GMT Time	Local Time	Change Type
0001	Incomplete Time Change Record		
0002	10/20/10 13:54:49	10/20/10 08:54:49	FROM
0003	10/20/10 13:54:49	10/20/10 08:54:49	TO
0004	06/13/11 03:24:22	06/12/11 22:24:22	FROM
0005	06/13/11 03:14:22	06/12/11 22:14:22	TO
0006	07/09/11 15:23:41	07/09/11 10:23:41	FROM
0007	07/09/11 15:22:34	07/09/11 10:22:34	TO
0008	10/22/11 15:30:51	10/22/11 10:30:51	FROM
0009	10/22/11 15:26:21	10/22/11 10:26:21	TO
0010	01/13/12 15:53:18	01/13/12 09:53:18	FROM
0011	01/13/12 15:49:50	01/13/12 09:49:50	TO

End of Report.

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 03-APR-2012		TIME 15:54:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 280		4 BEAT/OCCUR 0713								
	5 POSITION 9161		6 LAST NAME MOORE		7 FIRST NAME JEFFERY L		8 STAR NO 6312		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE BLK		11 AGE [REDACTED]		12 HT 603		13 WT 205		
	14 DATE OF APPT 05-DEC-1988		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 007 0742		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 509		27 WT 210				
SUBJECT INFORMATION	28 ADDRESS 6815 1/2 S ELIZABETH ST CHICAGO, IL 60636				29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34 BY WHOM? [REDACTED]		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid												
	36 CHARGES PLACED 720 ILCS 5.0/12-3-A-2, 10-8-526				37 CB NO [REDACTED]				IR NO [REDACTED]				DNA <input type="checkbox"/>						
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE										
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER FISTS _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____										
MEMBERS RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input checked="" type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____										
	39 * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]				40 ADDITIONAL INFORMATION [REDACTED]														
WEAPON DISCHARGE INCIDENT	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]														
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR												
	45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]												
	49 TASER DART ID NO X00570647		50 WEAPON SERIAL No (Include Letters) C31010140		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]										
CASE INFO.	54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]										
	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)										
	64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN										
	69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70 EVENT NO [REDACTED]		71 R D NO [REDACTED]														
SIGNATURES	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																		
	73 REPORTING MEMBER (Print Name) MOORE, JEFFERY L 03-APR-2012 18:21:44				STAR/EMPLOYEE NO 6312				SIGNATURE [REDACTED]										
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																			
74 REVIEWING SUPERVISOR (Print Name) CLARK, LLOWYN R				STAR NO 1894				SIGNATURE [REDACTED]				DATE REVIEWED 03-APR-2012 18:28:20				TIME			

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Subject was interviewed at 7th Dist Facility after his return from [REDACTED] He stated to Reporting Lieutenant that he was sorry and was having a bad day and hoped the officer was not injured

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

After reviewing all available information the R/Lt believes the officers actions were in compliance with all department directives and procedures Log # obtained in compliance with department directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1053056 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

RYAN, JOHN C

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

03-APR-2012 19:40:36

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

1

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 03-APR-2012		TIME 15:54:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 280		4 BEAT/OCCUR 0713							
	5 POSITION 9161		6 LAST NAME ALTMAN		7 FIRST NAME GEORGE R		8 STAR NO 18296		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 600		13 WT 200	
	14 DATE OF APPT 07-DEC-1992		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 007 0701		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 509		27 WT 210			
SUBJECT INFORMATION	28 ADDRESS 6815 S ELIZABETH ST CHICAGO, IL 60636				29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34 BY WHOM? DR. KURIAN		35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36 CHARGES PLACED 720 ILCS 5.0/12-3-A-2, 10-8-526				37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>									
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____									
MEMBERS RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____									
	39 * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]				40 ADDITIONAL INFORMATION SUBJECT WAS TASED BY RESPONDING UNITS													
WEAPON DISCHARGE INCIDENT	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]													
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS OTHER									
	45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]											
	49 TASER DART ID NO [REDACTED]		50 WEAPON SERIAL No (Include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]									
	54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]									
	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		70 EVENT NO [REDACTED]			
CASE INFO.	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]				67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT													
	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]													
SIGNATURES	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																	
	73 REPORTING MEMBER (Print Name) ALTMAN, GEORGE R 03-APR-2012 20:03:15				STAR/EMPLOYEE NO 18296		SIGNATURE [REDACTED]											
	74 REVIEWING SUPERVISOR (Print Name) RYAN, THOMAS W				STAR NO 2038		SIGNATURE [REDACTED]		DATE REVIEWED 03-APR-2012 20:05:09		TIME 03-APR-2012 20:05:09		71 R D NO [REDACTED]					

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Subject was interviewed in the 7th District after his return from [REDACTED] He stated that he was sorry and was having a bad day and hoped the officer wasn't injured

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

After reviewing all available information regarding this incident the R/Lt believes the officers actions were in compliance with all department procedures and directives. The Log Number was obtained with regards to a taser deployment

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1053056 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

RYAN, JOHN C

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

03-APR-2012 20:16:09

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

1

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD # [REDACTED]
Case ID: [REDACTED]
EVENT # [REDACTED]

INCIDENT	DETECTIVE SUP. APPROVAL COMPLETE		
	IUCR: 0454 - Battery - Agg Po Hands No/Min Injury		
	Occurrence Location: 1438 W 63rd St Chicago IL 60636 280 - Police Facility/Veh Parking Lot	Beat: 0713	Unit Assigned: 0713 RO Arrival Date: 03 April 2012 15:54
	Occurrence Date: 03 April 2012 15:54		# Offenders: 1

NON-OFFENDER(S)	VICTIM - Individual		
	Name: P.O. ALTMAN #18296	Demographics	
	Res: 1438 W 63rd St Chicago IL 60636	Beat: 0713	Male White
	Age: 40 Years		
	Empl: CHICAGO POLICE DEPT. 1438 W 63rd St Chicago, Illinois 60636 312 - 747 - 8220 Police Officer - Chicago	Beat: 0713	
	Sobriety: Sober CPD Officer: No		

SUSPECT(S)	Suspect # 1		In Custody	
	Name: [REDACTED]	Demographics		
	Res: [REDACTED]	Beat: 0724	Male Black 5'09, 210 lbs , Brown Eyes Black Hair Short Hair Style Dark Complexion	DOB: [REDACTED] Age: 40 years Birth Place: Illinois
	Injury Info			
	Extent: Minor			
	CFD First Aid Given: Yes			
Responding Unit: Ambulance 14		Hospital: [REDACTED]		
<u>Type</u> Puncture Wound		<u>Weapon Used</u> Other	<u>Description</u> CHICAGO POLICE TASER	

RELATIONSHIP	P.O. ALTMAN #18296	(Victim)	is a No Relationship of	[REDACTED]	(Offender)

OTHER

Miscellaneous

Victim Information Provided

Flash Message Sent ? No

NOTIFICATIONS

Request Type**Agency Name****Date**

Notification

O.E.M.C.

03 April 15:54

Other Notifications May Be In Narrative.

NARRATIVES

PERSONNEL

Star No**Emp No****Name****User****Date****Unit****Beat**

Reporting Officer

7514

CLEARY, Michael, J

03 Apr 2012 18:36

007

0713

IUCR ASSOCS.

Victim**IUCR****Crime****Offender**P.O. ALTMAN
#18296

0454

Battery - Agg Po Hands No/Min Injury